



MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
8.090

CHAPTER REGULATORY COMPLIANCE	SUBCHAPTER HIPAA Regulations	EFFECTIVE DATE 1/15/13	NUMBER OF PAGES 2	PAGE NUMBER Page 1 of 2
SUBJECT Mandatory HIPAA Privacy and Security Training		AUTHORITY Section 630.050	HISTORY See Below	
PERSON RESPONSIBLE General Counsel			SUNSET DATE 7/1/16	

PURPOSE: Describes mandatory training as required by the Health Insurance Portability and Accountability Act (HIPAA). 45 CFR Section 164.500 et seq.

APPLICATION: The Department of Mental Health, its facilities and workforce.

(1) Definitions:

(A) Health Insurance Portability and Accountability Act (HIPAA): Public Law 104-191 was enacted on August 21, 1996 to establish standards for the privacy and security of health information. The rules that were promulgated to implement HIPAA can be found at 45 CFR Parts 160 and 164.

(B) Protected Health Information (PHI): Individually identifiable health Information that is transmitted or maintained in any form or medium, by a covered entity, health plan or clearinghouse as defined under HIPAA.

(C) Individually Identifiable Health Information: Any information, including demographic information, collected from an individual that –

1. is created or received by a healthcare provider, health plan, employer, healthcare clearinghouse, or health information network; and

2. related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and

a. identifies the individual, or

b. there is reasonable basis to believe that the information can be used to identify the individual.

(D) SAM II: the statewide computer system serving Missouri state agencies.

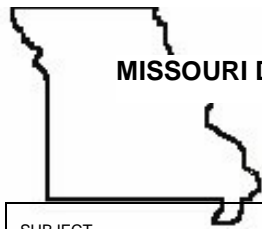
(2) Mandatory Training for all DMH employees and workforce:

(A) All employees of the Missouri Department of Mental Health, as well as state employees, volunteers, students and contract employees in a DMH facility on a regular course of business, shall attend training on the privacy and security provisions of HIPAA. This training shall consist of the DMH approved HIPAA Privacy/Security Training.

1. Trainings shall be conducted at all DMH operated facilities or be available electronically.

2. Additional mandatory privacy/security training shall be scheduled whenever there is a material change in the Department's privacy/security policies or procedures or if it is deemed necessary as determined by the Department's Privacy or Security Officer.

3. Client or consumer workers for DMH shall also receive HIPAA training, utilizing the standard HIPAA training information as distributed to the facilities.



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(B) HIPAA training curriculum must remain consistent system-wide to assure appropriate implementation of the HIPAA Privacy and Security regulations. To maintain consistency, no local customization at a facility level is permitted unless prior written approval of such local customization is received from both the DMH Privacy and Security Officers.

(C) All new DMH employees shall receive training as part of their initial employee orientation. The content for the HIPAA new employee orientation shall consist of the DMH approved HIPAA Privacy/Security Training. HIPAA new employee orientation must take place within 30 days of the date of hire.

(D) State employees, volunteers, students and contract employees in a DMH facility on a regular course of business shall receive training as a part of their initial facility orientation (also known as the new employee orientation course). The content for the HIPAA initial facility orientation shall consist of the DMH approved HIPAA Privacy/Security Training. However, any interactive exercises, or supplemental videos, will not be required content for initial facility orientation. Such training must be done within 30 days of the initial date that the person presents for service.

(E) Ongoing training will be required as part of the Department's training program. The program will include but not be limited to:

1. Monthly security reminders
2. Completion of online training required at least every 24 months
3. Specialized training required for staff with super user access to systems containing individually identifiable health information.

(3) Documentation of Mandatory Training: Documentation of Mandatory HIPAA Training shall be recorded in the appropriate fields in the SAM II Human Resources computer system. Specific codes have been established for use in recording HIPAA initial training, HIPAA new employee orientation, and HIPAA periodic updates. Volunteer service coordinators or responsible staff shall maintain training logs for volunteer HIPAA training.

(4) Sanctions: Employees who do not complete the respective Mandatory HIPAA Training(s) are subject to disciplinary action that may include, but is not limited to, suspension without pay, demotion or dismissal.

(5) Quality Assurance: The Central Office Privacy Officer shall collect information from the facility Privacy Officers during the month of April each year to monitor compliance with this DOR.

HISTORY: Emergency DOR effective January 15, 2003. Final DOR effective June 1, 2003. Amendment effective July 1, 2006. On July 1, 2009, the sunset date was extended to July 1, 2012. Amendment effective 6/27/12. Amendment effective January 15, 2013.